

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/13/2015
FORM APPROVED
OMB NO. 0938-0391

45-12127/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445099	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/12/2015
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NAME OF PROVIDER OR SUPPLIER

NHC HEALTHCARE, ATHENS

STREET ADDRESS, CITY, STATE, ZIP CODE

1204 FRYE ST
ATHENS, TN 37303

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 038 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and testing, the facility failed to have an irreversible process on delayed egress doors.</p> <p>The findings include:</p> <p>Observation and testing with the maintenance staff, on 11/12/15 at 11:01 AM confirmed 15 second delayed egress doors 2, 3 and 8 do not have an irreversible process once the 15 second delayed feature is activated. Once the 15 second delayed egress feature is activated the code can be entered stopping the delayed egress feature and locking the door.</p> <p>These findings were verified by the maintenance staff and acknowledged administrator during the exit conference on 11/12/15.</p>	K 038	<p>1. All seven 15 second delayed egress doors in the facility will be replaced with panels that will allow an irreversible process on delayed egress doors.</p> <p>2. All 15 second delayed egress doors will have an irreversible process.</p> <p>3. Maintenance Director has been instructed that all delayed egress doors have to maintain an irreversible process.</p> <p>4. Maintenance Director or designee will perform a weekly check to ensure the 15 second delayed egress is irreversible.</p>	12/23/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Hunter Haw

TITLE

Administrator

(X6) DATE

11/25/15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.